

4/7/11

229035
2009.28.T

P.2

I am requesting that the Commission
Please reinstate our Class C
Charter Bus license please

GRACE TOURS LLC
169 Scenic Dr.
Saint Matthews SC
29135

Mailing address
2218 Linda St.
Savannah GA,
31404

CLERK'S OFFICE



INSURANCE BINDER

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON REVERSE SIDE OF THIS FORM		DATE (MM/DD/YYYY) 3/4/2011	
AGENCY Allen Insurance Group, Inc 6075 The Corners Pkwy, NW #211 Norcross GA 30092 PHONE (A/C, No, Ext): (770) 368-1511 FAX (A/C, No): (770) 416-1122 CODE: AGENCY CUSTOMER ID: 00012651 SUB CODE: INSURED Grace Tours, LLC Savannah		COMPANY Occidental Fire & Cas of NC BINDER # 0113406173 DATE EFFECTIVE TIME 3/4/2011 12:01 X AM EXPIRATION DATE TIME 4/3/2011 X 12:01 AM PM NOON THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: BN03041112 DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including Location) 1997 Van Hool, V#YE2TC76B2U2029375, 57 Passengers, Value \$60,000 1996 Van Hool, V#YE2TC74B5T2028433, 57 Passengers, Value \$60,000	

COVERAGES

TYPE OF INSURANCE		COVERAGE/FORMS	LIMITS		
PROPERTY	CAUSES OF LOSS		DEDUCTIBLE	CONS %	AMOUNT
<input type="checkbox"/> BASIC	<input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY		Policy #BN03041112 Policy Period 3/4/11-12 RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE	\$	1,000,000
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES	\$	100,000
			MED EXP (Any one person)	\$	5,000
			PERSONAL & ADV INJURY	\$	1,000,000
			GENERAL AGGREGATE	\$	2,000,000
VEHICLE LIABILITY		Policy #BN03041112 Policy Period 3/4/11-12 Uninsured Motorist	PRODUCTS - COMP/OP AGG	\$	INCLUDED
<input type="checkbox"/> ANY AUTO			COMBINED SINGLE LIMIT	\$	5,000,000
<input type="checkbox"/> ALL OWNED AUTOS			BODILY INJURY (Per person)	\$	
<input checked="" type="checkbox"/> SCHEDULED AUTOS			BODILY INJURY (Per accident)	\$	
<input checked="" type="checkbox"/> HIRED AUTOS			PROPERTY DAMAGE	\$	
<input checked="" type="checkbox"/> NON-OWNED AUTOS			MEDICAL PAYMENTS	\$	
			PERSONAL INJURY PROT	\$	
			UNINSURED MOTORIST	\$	75,000
VEHICLE PHYSICAL DAMAGE		ALL VEHICLES <input checked="" type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE	\$	
<input checked="" type="checkbox"/> COLLISION:	DED 2,500	Policy #BN03041112	<input checked="" type="checkbox"/> STATED AMOUNT	\$	120,000
<input checked="" type="checkbox"/> OTHER THAN COL:	2,500	Policy Period 3/4/11-12			
GARAGE LIABILITY			AUTO ONLY - EA ACCIDENT	\$	
<input type="checkbox"/> ANY AUTO			OTHER THAN AUTO ONLY:	\$	
			EACH ACCIDENT	\$	
			AGGREGATE	\$	
EXCESS LIABILITY		RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE	\$	
<input type="checkbox"/> UMBRELLA FORM			AGGREGATE	\$	
<input type="checkbox"/> OTHER THAN UMBRELLA FORM			SELF-INSURED RETENTION	\$	
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY			WC STATUTORY LIMITS	\$	
			E.L. EACH ACCIDENT	\$	
			E.L. DISEASE - EA EMPLOYEE	\$	
			E.L. DISEASE - POLICY LIMIT	\$	
SPECIAL CONDITIONS/ OTHER COVERAGES			FEES	\$	
			TAXES	\$	
			ESTIMATED TOTAL PREMIUM	\$	

NAME & ADDRESS

		MORTGAGEE	ADDITIONAL INSURED
		LOSS PAYEE	
		LOAN #	
		AUTHORIZED REPRESENTATIVE <i>Marion C. Allen</i>	